

PROVIDER ID:	_____
PROVIDER NAME:	_____
PATIENT ID:	_____
PATIENT NAME:	_____

FORM _____ OF _____

MEDICAL EXPENDITURE PANEL SURVEY

MEDICAL PROVIDER SURVEY

INSTITUTIONAL EVENT FORM
(NON-HOSPITAL FACILITIES)

PANEL 1 - YEAR 1

INSTITUTIONAL EVENT FORM
[COMPLETE ONE FORM FOR EACH STAY]

QUESTIONS 1 THROUGH 3: TO BE COMPLETED WITH MEDICAL RECORDS.

READ ONLY FOR FIRST STAY FOR THIS PATIENT: Someone in (PATIENT)'s family reported that (he/she) was a patient in this facility during 1996.

MEDICAL RECORDS	
1. What were the admit and discharge dates of the (first/next) stay?	<div>MO DAY YR</div> <div>ADMIT: / / </div> <div>DISCHARGE: / / </div> <div>NOT YET DISCHARGED 1</div>
2a. I need the diagnoses for this stay. I would prefer the ICD-9 codes (or DSM-IV codes), if they are available.	<div>Diagnoses:</div> <div><div> / / </div><div> / / </div><div> / / </div><div> / / </div></div>
[IF CODES ARE NOT USED, RECORD DESCRIPTIONS.]	<div>OFFICE USE ONLY</div>
IF ONLY ONE DIAGNOSIS, GO TO Q3.	
2b. Which of these was the principal diagnosis?	<div>IF MORE THAN ONE DIAGNOSIS:</div> <div><div>CHECK BOX FOR PRINCIPAL DIAGNOSIS</div><div>CIRCLE '999.95' IF PRINCIPAL</div><div>DIAGNOSIS NOT KNOWN999.95</div></div>
<div>OFFICE USE ONLY</div>	
3. Please give me the name, specialty and telephone number of each physician who provided services during the stay starting on (ADMIT DATE) <u>and</u> whose charges might not be included in the facility bill. We are interested in physicians with whom your facility has contractual arrangements, not the patient's private physician.	<div>[RECORD NAMES ON SEPARATELY BILLING DOCTOR FORM. IF RESPONDENT IS NOT SURE WHETHER A PARTICULAR DOCTOR'S CHARGES ARE INCLUDED IN THE FACILITY BILL, RECORD INFORMATION FOR THAT DOCTOR ON SEPARATELY BILLING DOCTOR FORM.]</div> <div>DOES NOT HAVE THIS INFORMATION 1</div> <div>NO SEPARATELY BILLING DOCTORS FOR THIS STAY 0</div>
4a. Have we covered all of this patient's stays during the calendar year 1996?	<div>YES, ALL STAYS COVERED..... 1 (Q4b)</div> <div>NO, NEED TO COVER ADDITIONAL STAYS..... 2 (Q1-NEXT EVENT FORM)</div>
4b. IF ALL STAYS ARE RECORDED FOR THIS PATIENT, REVIEW NUMBER OF STAYS REPORTED BY HOUSEHOLD.	<div>NO DIFFERENCE OR FACILITY REPORTED MORE STAYS THAN HOUSEHOLD 1 (ENDING FOR MEDICAL RECORDS)</div> <div>FACILITY RECORDED FEWER STAYS..... 2</div> <div>PROBE: (PATIENT NAME) reported (NUMBER) stays at (FACILITY) during 1996, but I have only recorded (NUMBER) stays. Do you have any information in your records that would explain this?</div> <div></div> <div></div>
GO TO ENDING FOR MEDICAL RECORDS	

ENDING FOR MEDICAL RECORDS:
GO TO NEXT PATIENT. IF NO MORE PATIENTS, THANK RESPONDENT AND END. THEN ATTEMPT CONTACT WITH PATIENT ACCOUNTS OR ADMINISTRATIVE OFFICE.

5. According to Medical Records, (PATIENT NAME) was a patient in your facility during the period from [ADMIT DATE] to [DISCHARGE DATE/END OF 1996]. Was the facility reimbursed for this stay on a fee-for-service basis or a capitated basis?

FEE-FOR-SERVICE BASIS 1
CAPITATED BASIS 2 (Q21a)

[EXPLAIN IF NECESSARY:]
Fee-for-service means that the facility was reimbursed on the basis of the services provided.

Capitated basis means that the patient was enrolled in a prepaid managed care plan, such as an HMO, and reimbursement to the facility was not based on the services provided.

[INTERVIEWER: IF IN DOUBT, CODE FEE-FOR-SERVICE.]

BASIC CHARGES

6. What was the full established charge for room, board and basic care for this stay, before any adjustments or discounts, between [ADMIT DATE] and [DISCHARGE DATE/END OF 1996]?

FULL ESTABLISHED CHARGE OR CHARGE EQUIVALENT:
\$ (Q7)

[EXPLAIN IF NECESSARY: The full established charge is the charge maintained in the facility's master fee schedule for billing private pay patients. It is the "list price" for the service, before consideration of any discounts or adjustments resulting from contractual arrangements or agreements with insurance plans.]

CAN'T GIVE TOTAL CHARGE 991 (Q10)
NO CHARGE..... 992 (Q6A)

[IF NO CHARGE: Some facilities that don't charge for each individual service do associate dollar amounts with services in their records for purposes of budgeting or cost analysis. This kind of information is sometimes call a "charge equivalent." Could you give me the charge equivalent for this stay?]

6a. Why is there no charge for room, board and basic care for this stay?

FACILITY ASSUMES COST 1
PREPAID TO CONTINUING CARE 2
STATE-FUNDED INDIGENT CARE
(NOT MEDICAID)..... 3
RELIGIOUS ORGANIZATION
ASSUMES COST 4
VA FACILITY 5
OTHER (SPECIFY)..... 5

GO TO Q14

7. From what sources has the facility received payment for these charges and how much was paid by each source?

IF NAME OF INSURER, PROBE: And is that Medicare, Medicaid, or private insurance?

a. Patient or patient's family

b. Medicare

c. Medicaid

d. Private Insurance

e. VA

f. CHAMPVA/CHAMPUS

g. OTHER (SPECIFY):

\$

\$

\$

\$

\$

\$

\$

8. IF NOT VOLUNTEERED, ASK: And what was the total?
[IF NOT AVAILABLE, COMPUTE.]

TOTAL PAYMENTS

\$

BOX 1

DO TOTAL PAYMENTS (Q8) EQUAL TOTAL CHARGES (Q6)?

YES.....1 (Q14)

NO.....2 (Q9)

9. It appears that the total payments were (less than/more than) the total charges. What is the reason for that difference? [CODE 1 (YES) FOR ALL REASONS MENTIONED.]

PAYMENTS LESS THAN CHARGES:

YES

NO

Adjustment or discount

Medicare or Medicaid limit or adjustment.

Contractual arrangement with insurer or managed care organization

Courtesy discount.....

Insurance write-off.....

Other (Specify):.....

Expecting additional payment

Patient or Patient's Family

Medicare

Medicaid

Private Insurance

VA.....

CHAMPVA/CHAMPUS.....

Other (Specify):.....

Charity care or sliding scale

Bad debt.....

Ancillary charges included.....

PAYMENTS MORE THAN CHARGES:

Medicare or Medicaid Adjustment.....

Payments included ancillary services

Other (Specify:)

GO TO Q14

10. Can you tell me what the facility's full established daily rate for room and board and basic care was during this stay?

\$_____ . _____

(Q11)

RATE CHANGED DURING STAY..... 991

(Q12)

NO CHARGE..... 992

(Q10A)

10a. Why was there no charge for room, board and basic care for this stay?

FACILITY ASSUMES COST

1

PREPAID TO CONTINUING CARE

2

STATE-FUNDED INDIGENT CARE

(NOT MEDICAID).....

3

RELIGIOUS ORGANIZATION

ASSUMES COST

4

VA FACILITY

5

OTHER (SPECIFY)_____

6

GO TO Q14

11. For how many days was the patient charged during this stay? (Please give only the days during 1996.)

DAYS

IF RESPONDENT CAN'T PROVIDE TOTAL DAYS, GO TO Q12.
OTHERWISE, CONTINUE.

11a. From what sources has the facility received payment for these charges and how much was paid by each source?

a. Patient or patient's family

\$_____ . _____

b. Medicare

\$_____ . _____

c. Medicaid

\$_____ . _____

d. Private Insurance

\$_____ . _____

e. VA

\$_____ . _____

f. CHAMPVA/CHAMPUS

\$_____ . _____

g. OTHER (SPECIFY):

\$_____ . _____

11b. IF NOT VOLUNTEERED, ASK: And what was the total? [IF NOT AVAILABLE, COMPUTE.]

TOTAL PAYMENTS

\$_____ . ____

GO TO Q14

12. Perhaps it would be easier if you gave me the information billing period by billing period.

BILLING PERIOD #1				
BILLING PERIOD # ____ BILLING START DATE: ____/____/____ MO DY YR BILLING END DATE: ____/____/____ MO DY YR # DAYS IN BILLING PERIOD: _____		12-1. Between (BP DATES), how many days was the patient charged for room and board and basic care? # BILLED DAYS _____	IF # BILLED DAYS IS LESS THAN # DAYS IN BP, EXPLAIN:	
12-2. Between (BP DATES), what was the private pay rate for room and board and basic care [PERSON] received? If the rate changed, please give me the first one. \$ _____.	12-3. How many days would that rate have applied during this billing period? # DAYS GO TO Q12-6			12-6. LOOK AT Q12-1. ARE ALL BILLED DAYS ACCOUNTED FOR? Yes..... 1 (RECORD RATE IN Q12-8.) No..... 2 (Q12-2A)
12-2A. Between (BP DATES), what other private pay rate applied to the basic care that [PERSON] received? \$ _____.	12-3A. On what date did this rate begin? ____/____/____ MO DY YR DK..... -8	12-4A. During this billing period, how many days would that rate have applied? # DAYS: _____	12-5A. Why did the rate change? CODE ONLY ONE. LEVEL OF CARE...1 PATIENT DISCHARGED: TO HOSPITAL.....2 TO COMMUNITY.3 TO OTHER FACILITY.....4 RATE INCREASE ..5 ROOM CHANGE ...6 OTHER, SPECIFY .7	12-6A. LOOK AT Q12-1. ARE ALL BILLED DAYS ACCOUNTED FOR? Yes..... 1 (Q12-7) No..... 2 (Q12-2b)
12-2B. Between (BP DATES), what other private pay rate applied to the basic care that [PERSON] received? \$ _____.	12-3B. On what date did this rate begin? ____/____/____ MO DY YR DK..... -8	12-4B. During this billing period, how many days would that rate have applied? # DAYS: _____	12-5B. Why did the rate change? CODE ONLY ONE. LEVEL OF CARE...1 PATIENT DISCHARGED: TO HOSPITAL.....2 TO COMMUNITY.3 TO OTHER FACILITY.....4 RATE INCREASE ..5 ROOM CHANGE ...6 OTHER, SPECIFY .7	12-6B. LOOK AT Q12-1. ARE ALL BILLED DAYS ACCOUNTED FOR? Yes..... 1 (Q12-7) No..... 2 (RECORD IN ANOTHER BOOKLET)
12-7 Is (RATE IN 12-2/12-2A/12-2B) the private pay rate that applied at the end of the billing period? YES 1 (RECORD RATE IN Q12-8) NO 2 (ASK Q12-8)				
12-8. What was the private pay rate that applied at the end of the billing period? \$ _____.				

13. From what sources did the facility receive payments for this billing period and how much was paid by each source? CODE ALL THAT APPLY	a. Patient or patient's family	\$ _____.
	b. Medicare	\$ _____.
	c. Medicaid	\$ _____.
	d. Private Insurance	\$ _____.
	e. VA	\$ _____.
	f. CHAMPVA/CHAMPUS	\$ _____.
	g. OTHER (SPECIFY): _____	\$ _____.

BILLING PERIOD # _____

BILLING PERIOD # _____ BILLING START DATE: ____/____/____ MO DY YR BILLING END DATE: ____/____/____ MO DY YR # DAYS IN BILLING PERIOD: _____		12-1. Between (BP DATES), how many days was the patient charged for room and board and basic care? # BILLED DAYS _____	IF # BILLED DAYS IS LESS THAN # DAYS IN BP, EXPLAIN:	
12-2. Between (BP DATES), what was the private pay rate for room and board and basic care [PERSON] received? If the rate changed, please give me the first one. \$_____.	12-3. How many days would that rate have applied during this billing period? # DAYS GO TO Q12-6			12-6. LOOK AT Q12-1. ARE ALL BILLED DAYS ACCOUNTED FOR? Yes..... 1 (RECORD RATE IN Q12-8.) No..... 2 (Q12-2A)
12-2A. Between (BP DATES), what other private pay rate applied to the basic care that [PERSON] received? \$_____.	12-3A. On what date did this rate begin? ____/____/____ MO DY YR DK..... -8	12-4A. During this billing period, how many days would that rate have applied? # DAYS: _____	12-5A. Why did the rate change? CODE ONLY ONE. LEVEL OF CARE...1 PATIENT DISCHARGED: TO HOSPITAL.....2 TO COMMUNITY.3 TO OTHER FACILITY.....4 RATE INCREASE ..5 ROOM CHANGE ...6 OTHER, SPECIFY .7 _____	12-6A. LOOK AT Q12-1. ARE ALL BILLED DAYS ACCOUNTED FOR? Yes..... 1 (Q12-7) No..... 2 (Q12-2b)
12-2B. Between (BP DATES), what other private pay rate applied to the basic care that [PERSON] received? \$_____.	12-3B. On what date did this rate begin? ____/____/____ MO DY YR DK..... -8	12-4B. During this billing period, how many days would that rate have applied? # DAYS: _____	12-5B. Why did the rate change? CODE ONLY ONE. LEVEL OF CARE...1 PATIENT DISCHARGED: TO HOSPITAL.....2 TO COMMUNITY.3 TO OTHER FACILITY.....4 RATE INCREASE ..5 ROOM CHANGE ...6 OTHER, SPECIFY .7 _____	12-6B. LOOK AT Q12-1. ARE ALL BILLED DAYS ACCOUNTED FOR? Yes..... 1 (Q12-7) No..... 2 (RECORD IN ANOTHER BOOKLET)
12-7 Is (RATE IN 12-2/12-2A/12-2B) the private pay rate that applied at the end of the billing period? YES 1 (RECORD RATE IN Q12-8) NO 2 (ASK Q12-8)				
12-8. What was the private pay rate that applied at the end of the billing period? \$_____.				

13. From what sources did the facility receive payments for this billing period and how much was paid by each source? CODE ALL THAT APPLY	a. Patient or patient's family	\$_____.
	b. Medicare	\$_____.
	c. Medicaid	\$_____.
	d. Private Insurance	\$_____.
	e. VA	\$_____.
	f. CHAMPVA/CHAMPUS	\$_____.
	g. OTHER (SPECIFY): _____	\$_____.

ANCILLARY CHARGES

14. Did (PATIENT) have any health-related ancillary charges for this stay? (That is, were there charges for additional services not included in the basic rate?)

YES..... 1
NO..... 2 (Q22)

15. What was the total of full established charges for health-related ancillary care during this stay? Please exclude charges for non-health related services such as television, beautician services, etc.

[Ancillaries are facility charges that are not included in the basic charge. Ancillary charges may include laboratory, radiology, drugs and therapy (physical, speech, occupational).]

TOTAL CHARGES:

\$..... (Q16)

☐

CHECK HERE IF RESPONDENT CAN'T SEPARATE HEALTH AND NON-HEALTH RELATED ANCILLARY CHARGES (Q19).

☐

CHECK HERE IF RESPONDENT CAN'T GIVE TOTAL ANCILLARY CHARGES (Q19).

16. From what sources has the facility received payment for these charges and how much was paid by each source?

IF NAME OF INSURER, PROBE: And is that Medicare, Medicaid, or private insurance?

a. Patient or patient's family

\$.....

b. Medicare

\$.....

c. Medicaid

\$.....

d. Private Insurance

\$.....

e. VA

\$.....

f. CHAMPVA/CHAMPUS

\$.....

g. OTHER (SPECIFY):

..... \$.....

17. IF NOT VOLUNTEERED, ASK: And what was the total? [IF NOT AVAILABLE, COMPUTE.]

TOTAL PAYMENTS

\$.....

BOX 2

DO TOTAL PAYMENTS (Q17) EQUAL TOTAL CHARGES (Q15)?

YES.....1 (Q22)

NO.....2 (Q18)

7

18. It appears that the total payments were (less than/more than) the total charges. What is the reason for that difference? [CODE 1 (YES) FOR ALL REASONS MENTIONED.]

PAYMENTS LESS THAN CHARGES:	<u>YES</u>	<u>NO</u>
Adjustment or discount		
Medicare or Medicaid limit or adjustment.	1	2
Contractual arrangement with insurer or managed care organization	1	2
Courtesy discount.....	1	2
Insurance write-off	1	2
Other (Specify:)	1	2
Expecting additional payment		
Patient or Patient's Family	1	2
Medicare	1	2
Medicaid	1	2
Private Insurance	1	2
VA.....	1	2
CHAMPVA/CHAMPUS.....	1	2
Other (Specify:)	1	2
Charity care or sliding scale	1	2
Bad debt.....	1	2
Basic care charges included	1	2
Charges include non-health ancillary services	1	2
PAYMENTS MORE THAN CHARGES:		
Medicare or Medicaid Adjustment.....	1	2
Payments included basic care	1	2
Other (Specify:)	1	2

GO TO Q22

19. Perhaps it would be easier if you gave me the information billing period by billing period.

	BP1	BP2	BP3	BP4	BP5	LAST BP
a. First, what was the start date of the first billing period in which (PATIENT) was a patient? ENTER MONTH ONLY IF BILLING PERIOD IS MONTHLY.	<div><div>_____</div><div>(MONTH) (Q19c)</div></div> <div>or</div> <div><div>____/____/____</div><div>(START DATE)</div></div>	<div><div>_____</div><div>(MONTH) (Q19c)</div></div> <div>or</div> <div><div>____/____/____</div><div>(START DATE)</div></div>	<div><div>_____</div><div>(MONTH) (Q19c)</div></div> <div>or</div> <div><div>____/____/____</div><div>(START DATE)</div></div>	<div><div>_____</div><div>(MONTH) (Q19c)</div></div> <div>or</div> <div><div>____/____/____</div><div>(START DATE)</div></div>	<div><div>_____</div><div>(MONTH) (Q19c)</div></div> <div>or</div> <div><div>____/____/____</div><div>(START DATE)</div></div>	<div><div>_____</div><div>(MONTH) (Q19c)</div></div> <div>or</div> <div><div>____/____/____</div><div>(START DATE)</div></div>
b. And what was the end date?	<div><div>____/____/____</div><div>(END DATE)</div></div>	<div><div>____/____/____</div><div>(END DATE)</div></div>	<div><div>____/____/____</div><div>(END DATE)</div></div>	<div><div>____/____/____</div><div>(END DATE)</div></div>	<div><div>____/____/____</div><div>(END DATE)</div></div>	<div><div>____/____/____</div><div>(END DATE)</div></div>
c. What was the total of full established charges for health-related ancillary care during this billing period? Please exclude charges for non-health related services such as television, beautician services, etc.	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>
	GO TO NEXT BP	GO TO NEXT BP	GO TO NEXT BP	GO TO NEXT BP	GO TO NEXT BP	

20. From what sources did the facility receive payments for ancillary charges for this billing period and how much was paid by each source?						
a. Patient or patient's family	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>
b. Medicare	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>
c. Medicaid	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>
d. Private Insurance	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>
e. VA	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>
f. CHAMPVA/-CHAMPUS	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>
g. OTHER (SPECIFY): _____	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>	<div><div>\$_____.</div><div>_____</div></div>
	GO TO NEXT BP	GO TO NEXT BP	GO TO NEXT BP	GO TO NEXT BP	GO TO NEXT BP	GO TO Q22

CAPITATED BASIS

21a. What kind of insurance plan covered the patient for this stay? Was it:

[CODE ALL THAT APPLY]

Medicare; 1
Medicaid; 2
Private Insurance; or 3
Something else? (SPECIFY:) 4

VA/CHAMPVA/CHAMPUS 5
DON'T KNOW 8
NO INSURANCE/NONE 9

21b. What was the monthly payment from that plan?

\$.....

21c. Was there a co-payment for any part of this stay?

YES 1
NO 2 (Q22)
DON'T KNOW 8 (Q22)

21d. How much was the co-payment?
PROBE TO DETERMINE IF FOR DAY, WEEK,
ETC.

\$.....

per DAY 1
WEEK 2
MONTH 3
OTHER 4
SPECIFY:
DON'T KNOW 8

21e. For how many (days/weeks/months/other) was the co-payment paid?

.....#

DON'T KNOW 98

21f. Who paid the co-payment?

[CODE ALL THAT APPLY]

PATIENT OR PATIENT'S FAMILY 1
MEDICARE 2
MEDICAID 3
PRIVATE INSURANCE 4
OTHER
(SPECIFY:) 5
DON'T KNOW 8

22. ARE THERE ANY ADDITIONAL STAYS FOR THIS PATIENT TO BE ACCOUNTED FOR?

YES 1 (GO TO PATIENT ACCOUNTS SECTION (Q5) OF NEXT EVENT FORM.)
NO 2 (GO TO NEXT PATIENT. IF NO MORE PATIENTS, THANK RESPONDENT AND END.)

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